

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	19/09/2018 15:41
Date Of Accident	18/09/2018 23:10
Exact Location Of Accident	ANG MO KIO AVE 6 CARPARK NEAR BLK 721
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6848S
Insured/Policyholder	
Name Of Registered Owner	YEO TIONG JOO
NRIC No	S1191089J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97684468
Alternative Phone No	OTHERS-97684468

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092508216
Cover Note Number	

Driver

Name of Driver	YEO SI RUI
NRIC No	S9490027A
Date Of Birth	26/01/1994
Occupation	INDOOR
Date Of Driving Pass	22/01/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91120412
Fax Number	
Contact Number	
Email Address	YEO.SIRUI@GMAIL.COM

Address	4 PASIR RIS LINK #02-16
Postcode	518160
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On the 18/9/2018 at about 2245hrs I parked my vehicle at an open space carpark near to Blk 721 Ang Mo Kio Ave 6. I am unsure at which lot I had parked my vehicle. After which on the 19/9/2018 close to midnight, I came back and discovered that there was a scratch and dent at the front portion of my vehicle under the headlight area. I then noticed that there was a note which was left behind on the windscreen. It states that there was a person who witness a vehicle bearing plate number SJP392R had alighted a passenger and when the driver was reversing it had collided on to the front portion of my vehicle. The note states that the driver was in his 50s to 60s who came out and looked at my vehicle and left the place. The witness is one Kamsanai , ctc : 90059937. I have a car camera in my vehicle however it only records when the engine is switch on.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	KAMSANAI
Phone Number	90059937
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP392R
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/9/18

Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.:



Accident Sketch Plan

SKETCH PLAN

Motorcycle lots.

DOA: 18-9-2018
A: SGY68485
B: SSP 392R
(Hit an Run)

T T T A T T
parked.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report No. T/20180919/2083.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.:



Police Report



**SINGAPORE
POLICE FORCE**



T/20180919/2083

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180919/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2018 13:19	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars

Name of Informant: YEO SI RUI			Address: 4 PASIR RIS LINK #02-16 SINGAPORE 518160		
ID Type / ID No.: NRIC NO / S9490027A			Contact No.: Home/Office: Mobile: 91120412		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 24	Date of Birth: 26/01/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RELATIONSHIP MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/09/2018 23:10	Type of Location: CARPARK
Location: Along Road 1 ANG MO KIO AVENUE 6 OPEN SPACE CARPARK NEAR TO BLK 721				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: REAR TO FRONT	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY6848S	Car	MAZDA	madza 3	Red	Slightly Damaged	0
SJP392R	Car	MERCEDES BENZ		Grey	No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180919/2083

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20180919/2083

CONTINUATION OF REPORT

Driver			
Name	YEO SI RUI	ID No.	S9490027A
Related Vehicle	SGY6848S (Car)	Contact No.	91120412
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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I have a car camera in my vehicle however it only records when the engine is switch on.

Police Report



SINGAPORE
POLICE FORCE



T/20180919/2083

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180919/2083

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD
FAIZAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWAR PAICANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/09/2018 13:19

Classification Of Case:



G/20180919/2064

1 of 1

Case Summary Form (CSF)

Report No.G/20180919/2064

Manual Form Serial No
Report Number G/20180919/2064
Vide Report Number T/20180919/2083
Date/Time of Report Made 19/09/2018 13:36
Place Report Lodged Pasir Ris N.P.C
Name of Informant MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL
ID Type / ID No. NRIC NO / S9145348G
Home/Office
Mobile
Email
Date/Time of Incident From 18/09/2018 22:45
Date/Time of Incident To
Incident Location 721 ANG MO KIO AVENUE 8 HDB-ANG MO KIO SINGAPORE 560721
open space carpark

Brief Facts

I wish to amend that vehicle SJP392R do not have any passengers. I wish to add more information that the witness noticed that the driver was playing with his hand phone while reversing which then collided on to my vehicle.

Case Sensitivity No
Officer-in-Charge of Case HRT /
KALESWARI PALANI
Contact No. 65476902
Classification of Case 1) NO OFFENCE DISCLOSED

18/09/2018 Date 11:11 PM No.

We are just ~~sp~~ walking
pass and we saw what
happened to your vehicle
and it was ~~an~~ a hit and
run accident. An old man
in his 50s-60s with white
grey hair. His vehicle was
a mercedes STP392R.
grey

We reversed, hit your car and
left hurriedly. You can contact
me @ 90059937 Kamsani

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M5AS18121666 Vehicle Registration No: SGY68485
Name (as shown in NRIC) : Yeo Si Rui NRIC/FIN/Passport No : S9490027A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 4 Pasir Ris Link #02-16 Singapore (518160)
Contact (Tel) : _____ Mobile No. : 91120412
Email Address : yeo.sirui@gmail.com
Date of Accident : 18-9-2018 Time of Accident : 2310hrs
Place of Accident : Ang Mo Kio Avenue 6 Carpark near Block 721
Insurance Company : NTUC Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in details of witness.

F Eo
Policyholder / Driver's Signature
Date: 19-9-2018

LG
Reporting Centre Personnel's Signature
Name: Cassandra
NRIC/FIN No.: _____
Date: 19-9-2018

